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Form Status: Certified and Sent to USEPA

Validation Status: Passed with Possible Errors

1 2 3 4 5 Additional Info

(IMPORTANT: Type or print; read instructions before completing form)

Form Approved OMB Number: 2070-0093

Approval Expires: 01/31/2010

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<b>EPA</b> United States Environmental Protection Agency	<b>FORM R</b>  Section 313 of the Emergency Planning and Community Right-to-know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act.	TRI Facility ID Number
		98134LSKNC32006
		Toxic Chemical, Category or Generic Name
		Nickel Compounds
WHERE TO SEND COMPLETED FORMS:	1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***	2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)

This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:	Revision (enter up to two code(s)) <div style="text-align: center;">[ ][ ]</div>	Withdrawal (enter up to two code(s)) <div style="text-align: center;">[ ][ ]</div>
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Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.

Part I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR: 2007

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret? <input type="checkbox"/> Yes (Answer question 2.2; Attach substantiation forms) <input checked="" type="checkbox"/> NO (Do not answer 2.2; Go to Section 3)	2.2 Is this copy <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized (Answer only if "YES" in 2.1)
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SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
File Copy Only: Do Not Submit Paper Form to EPA	File Copy Only: Do Not Submit Paper Form to EPA	XX/XX/XXXX

SECTION 4. FACILITY IDENTIFICATION

4.1	Facility or Establishment Name <b>ALASKAN COPPER WORKS</b>  Street <b>3200 6TH AVE S</b>  City/County/State/Zip Code <b>SEATTLE / King / WA / 98134</b>	TRI Facility ID Number <b>98134LSKNC32006</b>  Facility or Establishment Name or Mailing Address (if different from street address) <b>ALASKAN COPPER WORKS</b>  Mailing Address <b>PO BOX 3546</b>  City/State/Zip Code <b>SEATTLE / WA / 98124</b>	Country (Non-US)
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4.2	This report contains information for: (Important: check a or b; check c or d if applicable)	a. <input checked="" type="checkbox"/> An Entire facility	b. <input type="checkbox"/> Part of a facility	c. <input type="checkbox"/> A Federal facility	d. <input type="checkbox"/> GOCO
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4.3	Technical Contact name	JAMES BROWN	Email Address (b) (6)	Telephone Number (include area code) 2066235800			
4.4	Public Contact name	JAMES BROWN	Email Address (b) (6)	Telephone Number (include area code) 2066235800			
4.5	NAICS Code(s) (6 digits)	a. 332996 (Primary)	b.	c.	d.	e.	f.

4.6	Dun and Bradstreet Number(s) (9 digits) a. 009255571 b.
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SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	NA <input type="checkbox"/>	ALASKAN COPPER WORKS
5.2	Parent Company's Dun & Bradstreet Number	NA <input type="checkbox"/>	009255571

**EPA FORM R**  
**PART II. CHEMICAL - SPECIFIC INFORMATION**

TRI Facility ID Number

98134LSKNC32006

Toxic Chemical, Category or Generic Name

Nickel Compounds

**SECTION 1. TOXIC CHEMICAL IDENTITY**

(Important DO NOT complete this section if you completed Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)																
	N495																
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)																
	Nickel Compounds																
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic Name must be structurally descriptive).																
	NA																
1.4	Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category. (If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)																
NA [ ]	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17

**SECTION 2. MIXTURE COMPONENT IDENTITY** (Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, spaces, and punctuation.)
	NA

**SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY**

(Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
	a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import				
	If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input checked="" type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input type="checkbox"/> Ancillary or other use

**SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR**

4.1	[ 04 ] (Enter two-digit code from instruction package.)
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**SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE**

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA [ ]	B	O
5.2	Stack or point air emissions	NA [ ]	A	O
5.3	Discharges to receiving streams or water bodies (enter one name per box)			
	Stream or Water Body Name			
5.3.1	NA			

**EPA FORM R**  
**PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)**

TRI Facility ID Number

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## SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

	NA	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1 Underground Injection onsite to Class I wells	[ X ]		
5.4.2 Underground Injection onsite to Class II-V wells	[ X ]		
5.5 Disposal to land onsite			
5.5.1.A RCRA subtitle C landfills	[ X ]		
5.5.1.B Other landfills	[ X ]		
5.5.2 Land treatment/application farming	[ X ]		
5.5.3A RCRA Subtitle C surface impoundments	[ X ]		
5.5.3B Other surface impoundments	[ X ]		
5.5.4 Other disposal	[ X ]		

## SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

## 6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

## 6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1 Total Transfers (pounds/year\*)  
(enter range code\*\* or estimate)6.1.A.2 Basis of Estimate  
(enter code)

A

M1

6.1.1  
POTW Name

WEST POINT TREATMENT PLANT

POTW Address

1400 UTAH AVE

City

SEATTLE

State

WA

County

King

Zip

98199

<b>EPA FORM R</b> <b>PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</b>						TRI Facility ID Number		
						98134LSKNC32006		
						Toxic Chemical, Category or Generic Name		
						Nickel Compounds		
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS								
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)						WAD991281767		
Off-Site Location Name						BURLINGTON ENVIRONMENTAL INC		
Off-Site Address						20245 77TH AVENUE SOUTH		
City	KENT	State	WA	County	King	Zip	980321362	Country (Non-US)
Is location under control of reporting facility or parent company?						[ ] Yes [ X ] No		
A. Total Transfers (pounds/year*) (enter range code** or estimate)			B. Basis of Estimate (enter code)			C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)		
1 . B			1 . C			1 . M93		
6.2.2 Off-Site EPA Identification Number (RCRA ID No.)						ORD981766124		
Off-Site Location Name						SAFETY-KLEEN SYSTEMS (714801)		
Off-Site Address						16540 SOUTHEAST 130TH STREET		
City	CLACKAMAS	State	OR	County	Clackamas	Zip	970158944	Country (Non-US)
Is location under control of reporting facility or parent company?						[ ] Yes [ X ] No		
A. Total Transfers (pounds/year*) (enter range code** or estimate)			B. Basis of Estimate (enter code)			C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)		
1 . A			1 . O			1 . M26		
6.2.3 Off-Site EPA Identification Number (RCRA ID No.)						AZD980735500		
Off-Site Location Name						WORLD RESOURCES CO		
Off-Site Address						8113 WEST SHERMAN STREET		
City	TOLLESON	State	AZ	County	Maricopa	Zip	853533300	Country (Non-US)
Is location under control of reporting facility or parent company?						[ ] Yes [ X ] No		
A. Total Transfers (pounds/year*) (enter range code** or estimate)			B. Basis of Estimate (enter code)			C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)		
1 . 4994			1 . C			1 . M24		
SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY								
[ X ] Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.								
a. General Waste Stream (enter code)		b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]				d. Waste Treatment Efficiency Estimate		

**EPA FORM R**  
**PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)**

TRI Facility ID Number

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**SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES**

[ X ] Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

**SECTION 7C. ON-SITE RECYCLING PROCESSES**

[ X ] Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

**SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES**

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	255	255	255	255
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	0	0	0	0
8.1d	Total other off-site disposal or other releases	505	5	5	5
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	4866	5249	2629	255
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	NA	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)	NA			
8.9	Production ratio or activity index	0.68			
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	W19	T01	T03	T04	
8.10.2	W29	T01	T03	T04	
8.10.3	W39	T01	T03	T04	
8.11	If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, check "Yes."			Yes [ ]	

1 2 3 4 5 Additional Info

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Additional optional information on source reduction, recycling, or pollution control activities.